

Self-Determination Checklist Elementary Educator Assessment



Student Name: _____

Date: _____

Self-Determination skills help you to know

- ☐ *yourself*
- ☐ *your goals*
- ☐ *supports you need to reach your goals*

Use the following scale to rate the statements below:

3 = almost always/most of the time
2 = sometimes

1 = rarely or never
0 = not observed

<i>Rating</i>				
3	2	1	0	My student attends his/her IEP Meetings.
3	2	1	0	At school, teachers listen to my student when he/she talks about what he/she wants or needs.
3	2	1	0	At home, my student's parents listen when he/she talks about his/her wants and needs.
3	2	1	0	My student asks for help when he/she needs it.
3	2	1	0	My student knows what he/she needs and likes and enjoys doing.
3	2	1	0	My student tells others what he/she needs, likes and enjoys doing.
3	2	1	0	My student takes care of his/her things (pets, clothes, toys).
3	2	1	0	My student makes friends with others his/her age.
3	2	1	0	My student makes good choices.
3	2	1	0	My student believes that working hard at school will help him/her to get good grades.

- 1. How can people around your student (teachers, family, friends, etc.) help him/her to know himself/herself, know what he/she wants and know what kind of help he/she needs to reach goals?**